

I ask unanimous consent that the HELP Committee be discharged of S. 1375 and that the Senate immediately proceed to S. 1375; that all after the enacting clause be stricken and that an amendment at the desk consisting of the text of subtitle (d) of title I of S. 3297 be inserted in lieu thereof; that the amendment be considered and agreed to, the bill, as amended, be read a third time, passed, and the motions to reconsider be laid upon the table, with no intervening action or debate.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. CRAIG. Mr. President, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. MENENDEZ. Mr. President, I assume my distinguished colleague from Idaho is objecting on behalf of Senator COBURN, and I understand if that is the case.

I have a problem in that we have a process that has festered where one person suddenly believes that they are the guardian of what is good and what is not. I always get concerned when suddenly one person in an institution believes they can use the powers that are reserved largely for the purposes of ensuring that something they feel so passionate about or so strongly about and to protect the powers of the minority can be preserved, but then it get abused and hundreds of pieces of legislation get stopped by one Senator.

Now, I intend to continue to push this because I want mothers throughout this country to understand who is blocking their way from having the type of access and help that is necessary to be able to ensure that, in fact, they do not have to go through these depressions alone.

We have many stories across the landscape of the country of mothers who did not know they were having post partum depression, and the consequences were that they thought about hurting their children and hurting themselves. We can do far better.

When the House of Representatives passed this very same bill, and we changed it to accommodate our colleagues on the Republican side of the aisle in the HELP Committee, but passed it 382 to 3—382 to 3—the reality is, something is wrong when one Senator believes he or she can stop the progress on behalf of millions of women in this country.

I am going to come to the floor of the Senate time and time again. I want American women to know who is the impediment to the opportunity for them to get the help they need. I want mothers to know who is the impediment to get the help they need. I want families to know who is the impediment to get the help they need. I want husbands to know who is the impediment to have their spouses get the help they need, and that is one Senator—one Senator.

ORDER FOR RECESS

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Senate re-

cess subject to the call of the chair following the remarks of Senator CRAIG.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MENENDEZ. Mr. President, I had another statement, but I see Senator CRAIG is here. Even though I know he objected to my request on behalf of someone else, I am going to yield the floor and come back at a later time.

The ACTING PRESIDENT pro tempore. The Senator from Idaho is recognized.

Mr. CRAIG. I thank my colleague for his generosity. I understand the time constraints he was under under his UC. I appreciate that a great deal.

I certainly object for this side because it had not been cleared, and following the standard procedures of this Senate, no Senator comes to the floor in the absence of others and makes the unanimous consent request expecting it to pass. So I was speaking on behalf of the Republican side where a Senator has not yet cleared this bill. It was not a reflection of my own attitude or concern over the issue.

HEALTH CARE

Mr. CRAIG. Mr. President, I have come to the Senate floor often over the last good number of years to speak about a variety of issues. In the last 4 or 5 years, I spoke of my concern over a lack of a national energy policy and the productivity of the great private sector in our country to produce energy for the American consumer and the inability of public policy or political figures to allow that to happen for all kinds of reasons, and obviously we have now experienced one of the greatest energy shocks in our country's economy. Yet we still stand still today, immobile in our ability to deal with it for a variety of reasons.

Today, I do not come to the floor to speak about energy. I am here today to speak about two health care issues that are important to our Nation: accessibility to health care services and health care for veterans.

As chairman of the Veterans' Affairs Committee, I had the opportunity to learn more about the phenomenal job the Department of Veterans Affairs does to provide health care to our Nation's veterans. VA runs facilities across the country that employ some of the finest doctors, nurses, and other health care professionals.

These are dedicated men and women who provide world class health care to our Nation's heroes. The VA is also a training ground for many of our Nation's health care professionals. According to the American Association of Medical Colleges, more than half—yes, that is right, more than half—of our Nation's physicians receive some part of their medical training in VA hospitals.

Over 28,000 residents and nearly 17,000 medical students rotate through the VA health care system each year.

Clearly, VA has become an invaluable piece of the health care system for all Americans.

At the same time, the VA is a separate health care system within our Nation and creates a certain disconnect. The focus of the VA has been on establishing a system that is dependent upon bricks and mortar and a fixed location.

In the vast majority of situations, veterans enrolled in the VA health care system must receive health care at VA facilities unless they want to pay for care through private insurance or out of their own pockets. This means that veterans who do not live near a VA facility have a more difficult time accessing VA care because of where they choose to live.

To address this, VA aims to build facilities in strategic locations to serve the greatest number of veterans. I am pleased that in the past few years VA increased the number of outpatient clinics in my State of Idaho. Unfortunately, these new clinics cannot completely resolve all of the issues or serve veterans in a total way.

I am sure all of my colleagues, and particularly those who represent rural States such as my home State of Idaho, have heard from veterans who wish they could utilize their VA health care benefits at a facility closer to their home. It is a significant barrier to care when a veteran has to drive for several hours to reach a VA facility.

An elderly veteran, possibly in his or her seventies or eighties, driving literally hundreds of miles to get to that VA facility, is in itself not only impractical, in many instances it is impossible for that veteran. We also need to consider health care access for the general population. It is no surprise that our Nation is facing a crisis when it comes to having an adequate supply of health care professionals.

According to a July 2007 report of the American Hospital Association, U.S. hospitals need approximately 116,000—that is right, 116,000—registered nurses to fill vacant positions. This is a national RN vacancy rate of about 8.1 percent.

Another study estimates that the shortage of RNs could reach 500,000 by 2025. I did the math on my age and determined that is about when I am going to start needing possibly more health care provided by health care professionals. At this moment, we are suggesting this will be the period of time when there will be potentially the greatest shortage.

An aging workforce, a shortage of slots in nursing schools, and an aging population that is living longer and therefore requiring more health care services are all contributing to this nursing shortage. This shortage in health care providers is not limited to nurses. In the 2006 report by the Health Resources and Services Administration, they project a shortfall of around 55,000 physicians by 2020. In addition, various studies have indicated current

or impending deficiencies in various specialties, including cardiology, rheumatology, and neurosurgery, as well as primary care.

I think most Americans understand the significance of this situation. We can build all of the medical facilities we want, but they serve no purpose if there are not enough medical professionals to work in these hospitals and clinics.

That is where the VA and other medical facilities, be they public, private or nonprofit, run into each other. They are all competing for a pool of health care professionals that is not growing, and that is not growing as quickly as it is needed. I am concerned that ultimately this will diminish the quality of health care that is delivered to our Nation's veterans and, of course, to all Americans.

So how do we address the health care needs of all Americans when faced with these challenges? I think we need to examine how we can integrate VA facilities with other health care facilities to better serve not only veterans but entire communities. Is there a way that we can utilize existing VA facilities to serve all of those living in rural communities that struggle to recruit health care professionals without compromising care for veterans? Is there a way we can change the VA health care system to enable veterans to receive care at their local non-VA health care providers?

I know these kinds of changes will not happen quickly and they will not happen easily. Earlier this session I introduced two pieces of legislation that proposed dramatic changes in the VA health care system. I will say that these proposals were not enthusiastically welcomed by many of those entrenched in the veteran advocacy community. S. 815, the Veterans Health Care Empowerment Act, would allow veterans with a service-connected disability to receive hospital or other medical care at any Medicare or TRICARE-eligible facility.

When I introduced this legislation last March, I stated my belief that most veterans would choose to continue to receive health care at a VA facility. I still believe that is true. But I also know this legislation would enhance access of care for veterans who do not live near a VA facility by serving them in the communities in which they live.

I also introduced legislation, S. 441, the State Veterans Home Modernization Act, which would allow, instead of building veterans homes, noninstitutional care and daycare and respite care for our veterans. I know my time is now limited, so let me close with this thought.

Earlier this year, a group of young Idaho Iraqi and Afghan vets came to my office concerned about health care. One of them pulled from his pocket a credit card and said: Senator, why cannot this become a VA health care card that allows me access to health care in

my community paid for by the Veterans' Administration because I have, upon my service and upon my disability, been granted access to the VA health care system? I live in rural Idaho. But why must I travel miles when there are hospitals and clinics all around me? I cannot have access to them.

What is wrong with that picture? What is wrong with that picture is that this wonderful, marvelous VA health care system is a static, in-place system that does not have the flexibility that modern health care speaks to and that it must have in the future.

I am retiring from the Senate, so these pieces of legislation will not be introduced again. But I am challenging my colleagues, as you stand and so proudly speak of your concern for veterans and your concern for their care, that you step away from the bricks and mortar and from the rigidity of the activist advocacy groups who think that health care for veterans can only be delivered in one form. Modernize it. Change it. Give it flexibility if we want to give ultimate health care to our veterans, and if we want to integrate non-veterans into that quality health care system in a way that strengthens it, improves it, and sustains it in an economical fashion.

I yield the floor.

RECESS SUBJECT TO THE CALL OF THE CHAIR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate stands in recess subject to the call of the Chair.

There being no objection, the Senate, at 2:29 p.m., recessed subject to the call of the Chair and reassembled at 3:12 p.m. when called to order by the Presiding Officer (Mr. TESTER).

The PRESIDING OFFICER. The Republican leader is recognized.

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, we are in morning business, right?

The PRESIDING OFFICER. We are in a period of morning business.

ECONOMIC STABILIZATION PLAN

Mr. MCCONNELL. Mr. President, Senator McCain has just announced he is willing to suspend his campaign, set politics aside, and sit down with all sides to come to a solution to the looming threat to our economy. That is really an outstanding idea. The threat to Americans and their homes, savings, and retirements is really not a partisan problem, and it will not be fixed with a partisan approach. Americans want to know that their home values and college funds and retirement accounts are safe; in other words, that the problems on Wall Street are not going to spread to Main Street. So I appreciate my colleague's proposal,

and I hope it will be given serious consideration.

My constituents are not calling and asking me to help their brokers. They are asking for help to protect their mortgages, their ability to grow their small businesses, their ability to send their kids to college. And they are worried about the security of their life savings. I am concerned that if we do nothing, their savings, their ability to buy a home or finance college, and their financial security are all at very serious risk.

These are not ordinary circumstances, and if this economic stabilization plan was nothing but a bailout for Wall Street bankers, I would not have anything to do with it.

The only reason to support this action is to save ordinary Americans from an economic disaster that they had absolutely no hand whatsoever in creating. And to say that I am more than a little mad at this situation—created largely by bad decisions of those in the subprime housing market—is an understatement.

But if we are to take action, then it needs to put Main Street ahead of Wall Street. This isn't about bailing out investment bankers; this is about keeping the U.S. economy from entering a downward spiral. To that end, any action we take must include the following: No. 1, limits on executive compensation; No. 2, debt reduction; No. 3, congressional oversight and transparency. And yes, of course, taxpayer protection.

With regard to executive compensation, if weak companies are seeking Government assistance, the taxpayers should expect no less than a firm limit on what kind of executive compensation might be possible for those involved in these distressed companies.

Debt reduction. Any proceeds that are earned from the Government buying these assets and then selling them in the marketplace must be used to reduce the national debt. These revenues must not be used to pay for unrelated and unnecessary pet projects.

Congressional oversight and transparency. Americans need to be able to see how their money is being used and that it is being managed wisely. We in Congress will watch where every dollar goes to ensure there is no waste and no funny business.

Taxpayer protection. Americans have a right to expect that there is no fraud or abuse. It is the taxpayer and the American economy we are protecting, and we must take steps to ensure they are protected first.

The American people who were not involved in creating this situation need to be protected from the mistakes of those who were. Main Street needs to be insulated from Wall Street. That is what this plan is meant to accomplish. But we must insist on the protections I have just enumerated.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.